Schedule E)	PAGE 1 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	0
Check if 24-hour report 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee Linda J Fueling	Date of Public Distribution/Dissemination
	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6424 Purple Martin Ct	Amount
City State Zip Code	33.00
Wilmington NC 28411	Transaction ID: 47b9afe1-1663-4d19-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 26 7 2014
Name of Federal Candidate Support Offic	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Dist. 2014	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Linda J Fueling	08 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6424 Purple Martin Ct	Amount
City State Zip Code	19.92
Wilmington NC 28411	Transaction ID : d4f6a4b0-0d25-4298-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 26 / Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Dist 262885.93	oursement For: ☐ Primary X General Other (specify) ▶
(a) CURTOTAL of Borning Independent Fungarditures	5000
(a) SUBTOTAL of Itemized Independent Expenditures	52.92
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	08 28 2014
Signature	

Schedule E)	LIVI EXI EIVE	THORIES	PAGE 2 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eric J Smith			08 / 26 / 2014
Mailing Address 4967 Dysartville			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID: 1589eb5e-da55-4201-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		262885.93	Disbursement For: Primary General Qu14 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID : e9f82ed2-4cd0-457e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		262885.93	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		160.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			·
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g.iataro			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 3 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee Jennifer E Smith			Date of Public Distribution/Dissemination
Mailing Address 4967 Dysartsville Rd			08 / 26 / 2014
			Amount
City	State	Zip Code	7.50
Morganton	NC	28655	Transaction ID: 6cf8207e-9c24-4a68-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 26 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	262885.93	Disbursement For: Primary General Qu14 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sharon t Craig			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1410 Bushville Dr			Amount
City	State	Zip Code	45.00
Lenoir	NC	28645	Transaction ID : 7ef7b24f-2059-41f4-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	262885.93	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		52.50
(L) COLUMN OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE O			7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 28 2014
Signature			

Schedule E)	I EXI END	1101120		PAGE 4 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			l	C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M / D D / Y D Y D Y
Full Name of Payee Sharon t Craig			M	Public Distribution/Dissemination
Mailing Address 1410 Bushville Dr			Amoun	08 26 2014 t
City	State	Zip Code		10.50
Lenoir	NC	28645		ction ID : c7e68c87-0e52-43ce-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 26 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		262885.93	Disbursement 2014 Oth	For: Primary
Full Name of Payee Morgan E Hallenbeck Mailing Address 3790 Christian Light Rd			М	F Public Distribution/Dissemination 08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code		45.00
Fuquay Varina	NC	27526	Transac Date of	tion ID: 8a87addb-0b2a-4369-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	262885.93	Disbursement 2014 Otl	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	55.50
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	4 4
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 08	28 2014
Signature				

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Morgan E Hallenbeck	08 26 2014
	Mailing Address 3790 Christian Light Rd	Amount
	City State Zip Code	11.70
	Fuquay Varina NC 27526	Transaction ID : c916134d-3302-4747-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbt 262885.93 Disbt 2014	ursement For: Primary X General
	Per Election for Office Sought	Other (specify) ▶
	Full Name of Payee Lorri Anderson	Date of Public Distribution/Dissemination
	Mailing Address 7214 Duchamp Dr	08 26 2014 Amount
	City State Zip Code	40.00
	Charlotte NC 23215	Transaction ID : de2945f4-d408-4fbc-a
	Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	51.70
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(77)	08 28 2014
	Signature	

PAGE 5

OF

			FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C	C00530766
Chec	k if 24-hour report X 48-hour report New report Amends report filed of	on M M	/ D = D / Y = Y = Y
	ull Name of Payee	Date of Pub	olic Distribution/Dissemination
Ľ	Lorri Anderson	M M M	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
M	failing Address 7214 Duchamp Dr	Amount	
С	State Zip Code	Г	13.80
(Charlotte NC 23215		n ID: 24eff877-cc53-428d-a bursement or Obligation
	urpose of Expenditure Mileage Category/ Type 002	M M	26 / 9 2014
N	lame of Federal Candidate Support Office	Sought:	House District: 00
N	Me Kay Hagan	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbur 262885.93 Disbur 2014	sement For: Other (Primary
	Logan B Piper Mailing Address 3205 Pebble Beach Rd	Date of Put 08 Amount	blic Distribution/Dissemination
	City State Zip Code	· · ·	12.70
- 1	,		ID: 8af4a8f8-ac64-4e11-a bursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08	26 2014
Ν	lame of Federal Candidate Support Office	Sought:	House District: 00
ľ	Mr. Mark L Pryor Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Other (Primary X General Specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures		26.50
(b)	SUBTOTAL of Unitemized Independent Expenditures		7
(c)	TOTAL Independent Expenditures		7 1 7 1 7
wit	der penalty of perjury I certify that the independent expenditures reported herein were not made, or at the request or suggestion of, any candidate or authorized committee or agent of either, rty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 08		2014
	Signature		

PAGE

OF

Schedule E)	IN EXILITE	TI OTILO	<u> </u>	PAGE 7 OF 75 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	D
Full Name of Payee			Date of Public D	Distribution/Dissemination
Logan B Piper			08	26 / 2014
Mailing Address 3205 Pebble Beach Rd			Amount	
City	State	Zip Code		3.27
Conway	AR	72034		: b6a0edd5-3aa2-40fc-9 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		66961.10	Disbursement For: 2014 Other (spec	Primary X General
Full Name of Payee			Date of Public I	Distribution/Dissemination
Dwayne C Smith			08	26 / 2014
Mailing Address 900 Bramblegate Rd			Amount	
City	State	Zip Code		45.00
Hope Mills	NC	28348		2db7d054-4cb0-4337-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	262885.93	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			48.27
				7
(b) SUBTOTAL of Unitemized Independent Exper	ditures		>	4
(c) TOTAL Independent Expenditures			>	7.1.7.1
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / 28	2014
3. 3				

,		FOR SE OF FORM 24/48
	MITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
vvomen S	peak Out PAC	C C00530766
Check if 24	-hour report	M = M / D = D / Y = Y = Y
Full Name of		tte of Public Distribution/Dissemination
	e C Smith	08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Add	ress 900 Bramblegate Rd An	nount
City	State Zip Code	6.90
Hope Mills		ansaction ID: 749e4063-9e36-417a-8 tte of Disbursement or Obligation
Purpose of Mileage		08 / 26 / 2014
Name of Fe	deral Candidate Support Office So	ught: House District: 00
Ms. Kay Ha	gan Oppose Pre	sident State: NC
	ar Year-To-Date Disburser 262885.93 Disburser 2014	nent For:
Full Name of Joseph Mailing Add	R Rys ress 160 #50 Pompano Dr	ate of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	65.00
New Bern	NC 28560 Tra	nsaction ID : 114b4f0f-0869-499a-a ate of Disbursement or Obligation
Purpose of Salary	Expenditure Category/ Type 001	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fe	deral Candidate Support Office So	ught: House District: 00
Ms. Kay Ha	gan Oppose Pre	esident State: NC
	ar Year-To-Date Disburser 262885.93 Disburser 2014	ment For:
(a) SUBTOT	AL of Itemized Independent Expenditures	71.90
(b) SUBTOT	AL of Unitemized Independent Expenditures	
(c) TOTAL li	ndependent Expenditures	
with, or at the	y of perjury I certify that the independent expenditures reported herein were not made expendent or suggestion of, any candidate or authorized committee or agent of either, or ee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 08	28 2014
Signature		

PAGE

OF

Schedule E)	I EXI END	TOTILO	<u> </u>	PAGE 9 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Joseph R Rys			08	26 / 2014
Mailing Address 160 #50 Pompano Dr			Amount	
City	State	Zip Code		6.06
New Bern	NC	28560		: c3c505ff-5eb9-4321-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , 2	262885.93	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee Jodi Fountain			Date of Public	Distribution/Dissemination
			/ 08	26 / 2014
Mailing Address 1010 S Dogwood Drive			Amount	
City	State	Zip Code		35.00
Bogalusa	LA	70427		: 98a22ef3-43ed-4cf8-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	98808.87	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	s		·	41.06
(b) SUBTOTAL of Uniternized Independent Expendit	ures		•	
(c) TOTAL Independent Expenditures			•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 28	2014

=-,				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48	3-hour report New report	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Jodi Fountain			IV	08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1010 S Dogwood	I Drive		Amou	nt
City	State	Zip Code	— I.	8.70
Bogalusa	LA	70427		action ID : dde8cfc7-ea38-40c7-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sough	ıt	98808.87	Disbursement 2014	t For: Primary ⊠ General
Full Name of Payee Nick Berryhill Mailing Address 905 Lake Driv	e		Date	of Public Distribution/Dissemination
			Amou	int
City	State	Zip Code		60.00
Shelby	NC	28152		action ID: 7ea420d9-f094-4d99-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 26 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan		X Oppose	Presid	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sougl	nt	262885.93	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent	ndent Expenditures		· [68.70
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures		•	7 7
(c) TOTAL Independent Expenditu	res		•	7
	on of, any candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Buchanan	[Electron	ically Filed] Date	08	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

PAGE

10

OF

Schedule E)		75 48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBE	R▼
Women Speak Out PAC	C C00530766	
Check if 24-hour report X 48-hour report New	report Amends report filed on Man / Dad / Yayay	Y
Full Name of Payee Nick Berryhill	Date of Public Distribution/Disseminati	
Mailing Address 905 Lake Drive	08 26 2014	
SOS EARO BIIVO	Amount	
City State	Zip Code 27.	.30
Shelby	28152 Transaction ID : 8fadbe96-a3b6-487c Date of Disbursement or Obligation	:-9
Purpose of Expenditure Mileage	Category/ Type 002 08 26 2014	Y
Name of Federal Candidate	Support Office Sought: House District:	00
Ms. Kay Hagan	Oppose President Senate State:	IC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ Ger 2014 ☐ Other (specify) ▶	neral
Full Name of Payee	Date of Public Distribution/Disseminat	ion
Logan B Piper	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	T Y
Mailing Address 3205 Pebble Beach Rd	Amount	
City State	Zip Code 20.0	00
Conway AR	72034 Transaction ID : a5d17ee7-3a02-4338- Date of Disbursement or Obligation	
Purpose of Expenditure Salary	Category/ Type 001 08 26 2014	Y
Name of Federal Candidate	Support Office Sought: House District:	00
Mr. Mark L Pryor		AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ Ge 2014 ☐ Other (specify) ▶	neral
(a) SUBTOTAL of Itemized Independent Expenditures	47.30	
(a) COLICENZ OF HOMESON MASSON Exponentalises	71.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
(c) TOTAL Independent Expenditures)	
	ures reported herein were not made in cooperation, consultation, or con rized committee or agent of either, or (if the reporting entity is not a poli	
	etronically Filed] Date 08 28 2014	
Signature		

Sch	edule E)	EXI END	101120			12 OF 75 OF FORM 24/48
	E OF COMMITTEE (In Full)				<u> </u>	ATION NUMBER ▼
Wc	omen Speak Out PAC				C C0053076	66
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D	/ Y - Y - Y - Y
	Full Name of Payee Logan B Piper			Da	te of Public Distributi	
	Mailing Address 3205 Pebble Beach Rd				08 / 26	2014
	3 2203 Febble Beach Ru			Ar	nount	
C	City	State	Zip Code			2.82
	Conway	AR	72034		ansaction ID: 01088 te of Disbursement of	
	Purpose of Expenditure Mileage		Category/ Type 002	2	08 / 26	2014
Ν	Name of Federal Candidate		Support	Office Sc	ught: House	District: 00
	Mr. Mark L Pryor		X Oppose	Pre	sident Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought		66961.10	Disburser 2014	nent For: Prim Other (specify) ▶ _	ary X General
	Full Name of Payee			D	ate of Public Distribut	ion/Dissemination
	Caleb Craig				08 / 26	2014
N	Mailing Address 1410 Bushville drive			Δ.	mount	
					nount	
C	City	State	Zip Code			100.00
	Lenoir	NC	28645		nsaction ID : 2b7859 ate of Disbursement of	
	Purpose of Expenditure Salary		Category/ Type 001		08 / 26	2014
١	Name of Federal Candidate		Support	Office So	ught: House	District:00
	Ms. Kay Hagan		X Oppose	Pre	esident Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought	, , ,	262885.93	Disburse 2014	ment For: Prim Other (specify) ▶ _	ary X General
(a)) SUBTOTAL of Itemized Independent Expenditures			▶		102.82
(b) SUBTOTAL of Unitemized Independent Expenditure	res		···· •		7
(c)) TOTAL Independent Expenditures			···· •		2
wit	nder penalty of perjury I certify that the independen th, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized				
	Ms. Emily Buchanan	[Electroni	ically Filed] Dai	te 08		2014
	Signature					

Schedule E)	DEITI EXI EITE	TIONES	PAGE 13 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Caleb Craig			08 26 2014
Mailing Address 1410 Bushville drive			Amount
City	State	Zip Code	11.10
Lenoir	NC	28645	Transaction ID : ebc240b6-394b-477a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		262885.93	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lucas H Hoyle			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 282 Falls Ave			Amount
City	State	Zip Code	20.00
Granite Falls	NC	28630	Transaction ID: 875155ce-3099-43d2-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	262885.93	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		31.10
			7 7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08
•			

FEC IDENTIFICATION NUMBER C C00530766	chedule E)	NOENT EXPENDI	TOTILS		PAGE 14 OF 75 FOR SE OF FORM 24/48
C C00530766	AME OF COMMITTEE (In Full)			FEC I	
Theok if 24-hour report	Nomen Speak Out PAC				
Mailing Address 282 Falls Ave	heck if 24-hour report X 48-hour re	port New repo	ort Amends repo		/ D = D / Y = Y = Y
Mailing Address 282 Falls Ave City State Zip Code 11.1.1 Granite Falls NC 28630 Purpose of Expenditure Mileage Category/				M = M	/ D D / Y Y Y Y
Granite Falls NC 28630 Transaction ID: a1fbb630-fac0-4555-8 Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Mailing Address City Newport NC State Category/ No State Category/ No State Category/ No Category/ No State Category/ No State Category/ No Category/ No Category/ No Category/ Salary Category/ Salary Category/ Name of Federal Candidate Ms. Kay Hagan Category/ No Category/ Salary Category/ Ms. Kay Hagan Category/ Salary Category/ Ms. Kay Hagan Category/ Salary Category/ Ms. Kay Hagan Categ	Mailing Address 282 Falls Ave				26 2014
Purpose of Expenditure Mileage Category/ Mileage Category/ Type OD2 Disbursement or Obligation OB3	*				11.10
Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought City Newport Purpose of Expenditure Salary Category/ Name of Federal Candidate NC Category/ Nopese Category/ Type Office Sought: House District: Office Sought: Senate State: NC Other (specify) ▶ Date of Public Distribution/Dissemination Transaction ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Transaction ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Office Sought: NC State Zip Code Newport NC Za570 Transaction ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Office Sought: House District: Office Sought: House District: Office Sought: Category/ Office Sought: Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Za62885.93 Oppose President Senate State: NC Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Category/ Other (specify) ▶	Granite Falls	NC	28630		
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Nicole N Ball Mailing Address 2528 Mill Creek Rd City State Zip Code Newport NC 28570 Purpose of Expenditure Salary Purpose of Expenditure Salary Category/ O01 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Support Office Sought Calendar Year-To-Date Per Election for Office Sought Purpose of Itemized Independent Expenditures Support Office Sought Calendar Year-To-Date Per Election for Office Sought					
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Nicole N Ball Mailing Address 2528 Mill Creek Rd City State Zip Code Newport NC 28570 Purpose of Expenditure Salary Purpose of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought	Name of Federal Candidate		Support	Office Sought:	House District: 00
Per Election for Office Sought Full Name of Payee Nicole N Ball Mailing Address 2528 Mill Creek Rd Mailing Address 2528 Mill Creek Rd City State Zip Code Newport NC 28570 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Amount Calendar Year-To-Date Per Election for Office Sought	Ms. Kay Hagan		Oppose	President	Senate State: NC
Nicole N Ball Mailing Address 2528 Mill Creek Rd City State Zip Code Amount Purpose of Expenditure Salary Purpose of Federal Candidate Mailing Address 2528 Mill Creek Rd Amount Transaction ID : 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Transaction ID : 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Mailing Address 2528 Mill Creek Rd Amount Transaction ID : 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Transaction ID : 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Mailing Address 2528 Mill Creek Rd Amount Transaction ID : 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Disbursement or Obligation Mailing Address 2528 Mill Creek Rd Amount Transaction ID : 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Mailing Address 2528 Mill Creek Rd Amount Transaction ID : 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Disbursement For Disbursement For Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Other (specify) Amount 262		2	62885.93	2014	
Mailing Address 2528 Mill Creek Rd City State Zip Code Newport NC 28570 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Mailing Address 2528 Mill Creek Rd Amount Transaction ID: 88baeb9e-6bca-4d13-2 Date of Disbursement or Obligation Transaction ID: 88baeb9e-6bca-4d13-2 Date of Disbursement or Obligation Mailing Address 2528 Mill Creek Rd Amount Transaction ID: 88baeb9e-6bca-4d13-2 Date of Disbursement or Obligation Mailing Address 2528 Mill Creek Rd Amount Transaction ID: 88baeb9e-6bca-4d13-2 Date of Disbursement or Obligation Mailing Address 2528 Mill Creek Rd Amount Transaction ID: 88baeb9e-6bca-4d13-2 Date of Disbursement or Obligation Mailing Address 2528 Mill Creek Rd Transaction ID: 88baeb9e-6bca-4d13-2 Date of Disbursement For Date President X Senate State: No Date Presid				Date of Pub	lic Distribution/Dissemination
City State Zip Code Newport NC 28570 Purpose of Expenditure Salary Category/ Type On Make Jobs Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Make Jobs Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Make Jobs Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Make Jobs Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Make Jobs Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Make Jobs Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Make Jobs Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Make Jobs Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Make Jobs Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Make Jobs Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Make Jobs Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Make Jobs Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Make Jobs Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Make Jobs Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Make Jobs Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Make Jobs Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement For: Date Johnson ID: 88baeb9e-6bca-4d13-a Date of Disbursement For:					
Newport NC 28570 Transaction ID: 88baeb9e-6bca-4d13-a Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Category/ Type Office Sought: House District: Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Candidate Other (specify) Other (specify) 26.10	Mailing Address 2528 Mill Creek Rd			Amount	
Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Date of Disbursement or Obligation Ms. V 26 Support Office Sought: House District: Oppose President Senate State: NO 262885.93 Disbursement For: 2014 Other (specify) Other (specify)	City	State	Zip Code		15.00
Salary Salary Type 001 08 26 2014 Name of Federal Candidate Support Office Sought: House District: 0 Ms. Kay Hagan Oppose President Senate State: No Calendar Year-To-Date Per Election for Office Sought 262885.93 Other (specify) ▶		NC	28570		
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Primary Control Sought Control					
Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary 2014 Other (specify) ▶ Calendar Year-To-Date President State: Primary 2014 Other (specify) ▶ 26.10	Name of Federal Candidate		Support	Office Sought:	House District: 00
Per Election for Office Sought 262885.93 2014 Other (specify) ▶	Ms. Kay Hagan		Oppose	President	Senate State: NC
			262885.93	2014	
	(a) SUBTOTAL of Itemized Independent E	xpenditures			26.10
	(,)			-	
(b) SUBTOTAL of Unitemized Independent Expenditures	(b) SUBTOTAL of Unitemized Independent	Expenditures		• •	
(c) TOTAL Independent Expenditures	(c) TOTAL Independent Expenditures			•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conc with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent.	with, or at the request or suggestion of, an	y candidate or authorized			
Ms. Emily Buchanan [Electronically Filed] Date 08 28 2014 Signature		[Electron	ically Filed] Date		

Schedule E)	NI EXI END	HONES	PAGE 15 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on M M M / D D / Y Y Y Y Y
Full Name of Payee			Date of Public Distribution/Dissemination
Nicole N Ball			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2528 Mill Creek Rd			Amount
City	State	Zip Code	12.30
Newport	NC	28570	Transaction ID : 1fbbe990-626a-48de-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 26 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	262885.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Timothy Foley			08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20679 Glenbrook Terrace			Amount
City	State	Zip Code	30.00
Sterling	VA	20165	Transaction ID: 13f38309-703d-48c1-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	262885.93	Disbursement For: Primary Genera 2014 Genera Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		42.30
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		. •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08 28 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Women Speak Out PAC C Coosgarge C Coosgarge C Coosgarge C Coosgarge C C Coosgarge C C Coosgarge C C Coosgarge C C C C C C C C C		Tieddie E)	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Virginia M Stevens Mailing Address 1691 Fork Mtn Rd City State Zip Code Bakersville NC 28705 Name of Federal Candidate Ms. Kay Hagan Full Name of Payee Virginia M Stevens Mailing Address 1691 Fork Mtn Rd Category 01 Calendar Year-To-Date Per Election for Office Sought NC 28705 Full Name of Federal Candidate NC 28705 Mailing Address 1691 Fork Mtn Rd City State Zip Code Bakersville Support Name of Federal Candidate Ns. Kay Hagan Category 01 Category 01 Category 02 Calendar Year-To-Date Per Election for Office Sought Category 02 Name of Federal Candidate NC 28705 Date of Public Distribution/Dissemination Transaction ID : 3428746-bac6-464ab-bale of Disbursement or Obligation Transaction ID : 3428746-bac6-464ab-bale of Disbursement For: Primary General 2014 Amount City State Zip Code Bakersville NC 28705 Category 02 Name of Federal Candidate Ms. Kay Hagan Category 02 Name of Federal Candidate Ms. Kay Hagan Category 02 Name of Federal Candidate Ms. Kay Hagan Category 02 Name of Federal Candidate Ms. Kay Hagan Category 02 Name of Federal Candidate Ms. Kay Hagan Category 02 Name of Federal Candidate Ms. Kay Hagan Category 02 Name of Federal Candidate Ms. Kay Hagan Category 02 Name of Federal Candidate Ms. Kay Hagan Category 03 Name of Federal Candidate Ms. Kay Hagan Oppose President Senate State: NC Category 02 Category 03 Category 04 Category 05 Category 05 Category 06 Category 06 Category 07 Category 06 Category 07 Category	VV	omen Speak Out PAC	C C00530766
Mailing Address 1691 Fork Mtn Rd City State Zip Code NC 28705 Purpose of Expenditure Salary Name of Federal Candidate Sought State Zip Code Per Election for Office Sought State Zip Code Sught State Zip Code Public District Do Chepation State State NC 262885.93 Mailing Address 1691 Fork Mtn Rd Calendar Year-To-Date Purpose of Expenditure State NC 262885.93 Mailing Address 1691 Fork Mtn Rd Calendar Year-To-Date Purpose of Expenditure NC 28705 Mailing Address 1691 Fork Mtn Rd City State Zip Code Sought Other (specify) ▶ Date of Public Distribution/Dissemination Virginina M Stevens Mailing Address 1691 Fork Mtn Rd City State Zip Code Transaction ID : 9436633-#114-466/8 Date of Debursement or Obligation State State NC 28705 Name of Federal Candidate Support Office Sought House District On President State NC 28705 Name of Federal Candidate Support Oppose District State State State NC 2888 Date of Public Distribution/Dissemination State State Oppose District Oppose District State State Oppose District State State Oppose District Oppose District Oppose District Oppose District Oppose District State State State State Oppose Oppose District Oppose District Oppose District Oppose Oppose Oppose District State Stat	Che	eck if 24-hour report X 48-hour report New report Amends report filed	
Mailing Address 1891 Fork Mtn Rd City	Т	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Bakersville NC 28705 Purpose of Expenditure Salary Type 001 Name of Federal Candidate Ms. Kay Hagan State: NC Calendar Year To-Date Per Election for Office Sought Full Name of Payee Virginia M Stevens Mailing Address 1691 Fork Mtn Rd City State Zip Code Bakersville NC 28705 Purpose of Expenditure Mileage Category/ On 1 Name of Federal Candidate NC 28705 Purpose of Expenditure Mileage Category/ On 2 Name of Payee Virginia M Stevens Mailing Address 1691 Fork Mtn Rd City State Zip Code Bakersville NC 28705 Purpose of Expenditure Mileage Category/ On 2 Name of Federal Candidate NS. Kay Hagan Soppose of Expenditure Mileage Category/ On 2 Name of Federal Candidate NS. Kay Hagan Soppose of Expenditure Mileage Category/ On 2 Name of Federal Candidate NS. Kay Hagan Soppose Oppose Opp		Virginia M Stevens	
Bakersville NC 28705 Furpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Caledar Year-To-Date Per Election for Office Sought Name of Federal Candidate NC Caledar Year-To-Date Purpose of Expenditure Mileage NC Category/ Type Onto Category/ Type Onto Caledar Year-To-Date Purpose of Expenditure Mileage NC Category/ Type Onto Transaction ID: 133e874d-bec5-46da-b Date of Disbursement or Obligation NC Caledar Year-To-Date Per Election for Office Sought President Senate State: NC Disbursement For: Primary General Other (specify) ▶ Date of Public Distribution/Dissemination One Sought Amount City State Zip Code Bakersville NC 28705 Transaction ID: 94c96a3a-ff14-46ef-8 Date of Disbursement or Obligation Amount City State Zip Code Bakersville NC Category/ Type Oo2 Name of Federal Candidate Nc Category/ Type Oo2 Name of Federal Candidate Nc Category/ Type Oo2 Name of Federal Candidate Nc Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ General Category/ Type Oo2 Name of Federal Candidate Nc Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ General Category/ Type Oo2 Office Sought: House District: Oo President Senate State: NC Disbursement For: Primary General Other (specify) ▶ Othe		Mailing Address 1691 Fork Mtn Rd	Amount
Bakersville NC 28705 Furpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Caledar Year-To-Date Per Election for Office Sought Name of Federal Candidate NC Caledar Year-To-Date Purpose of Expenditure Mileage NC Category/ Type Onto Category/ Type Onto Caledar Year-To-Date Purpose of Expenditure Mileage NC Category/ Type Onto Transaction ID: 133e874d-bec5-46da-b Date of Disbursement or Obligation NC Caledar Year-To-Date Per Election for Office Sought President Senate State: NC Disbursement For: Primary General Other (specify) ▶ Date of Public Distribution/Dissemination One Sought Amount City State Zip Code Bakersville NC 28705 Transaction ID: 94c96a3a-ff14-46ef-8 Date of Disbursement or Obligation Amount City State Zip Code Bakersville NC Category/ Type Oo2 Name of Federal Candidate Nc Category/ Type Oo2 Name of Federal Candidate Nc Category/ Type Oo2 Name of Federal Candidate Nc Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ General Category/ Type Oo2 Name of Federal Candidate Nc Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ General Category/ Type Oo2 Office Sought: House District: Oo President Senate State: NC Disbursement For: Primary General Other (specify) ▶ Othe	-	City State Zin Code	70.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Purpose of Expenditure Mileage NC Calendar Year-To-Date Purpose of Expenditure Mileage Disbursement For: Primary General Disbursem			Transaction ID : f33e874d-bec5-46da-b
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Virginia M Stevens Mailing Address 1691 Fork Mtn Rd City State Bakersville NC 28705 Transaction ID: 94c96a3a-ff14-46e1-8 Date of Disbursement For: 28.80 Transaction ID: 94c96a3a-ff14-46e1-8 Date of Disbursement or Obligation Name of Federal Candidate Ms. Kay Hagan Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (c) TOTAL Independent Expenditures Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (iff the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emilly Buchanan IElectronically Filed Date Disbursement For: Primary 28.80 President Senate State: NC Office Sought: House District: 00 President Senate State: NC Office Sought: Other (specify) Other (specify) Other (specify)	Ī	Salany Category/ 001	M M / D D / Y Y Y Y
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Per Election for Office Sought City State Zip Code Bakersville Purpose of Expenditure Mileage NC 28705 Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought NC 28705 Tansaction ID: 94c96a3a-ff14-46ef-8 Date of Disbursement or Obligation Tansaction ID: 94c96a3a-ff14-46ef-8 Date of Disbursement or Obligation To Disbursement or Obligation To Disbursement For: Date of Public Distribution/Dissemination Molif / 26 / 2014 Amount Tansaction ID: 94c96a3a-ff14-46ef-8 Date of Disbursement or Obligation To Disbursement For: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought As Substotal of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan IElectronically Filed Date	ŀ	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought Full Name of Payee Virginia M Stevens Mailing Address 1691 Fork Mtn Rd City State Zip Code Bakersville NC 28705 Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Off		Ma Kautharan	
Full Name of Payee Virginia M Stevens Mailing Address 1691 Fork Mtn Rd City State NC 28705 Transaction ID: 94c96a3a-ff14-46ef-8 Date of Disbursement or Obligation Transaction ID: 94c96a3a-ff14-46ef-8 Date of Disbursement or Obligation Transaction ID: 94c96a3a-ff14-46ef-8 Date of Disbursement or Obligation Office Sought: Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Other (specify) Date of Public Distribution/Dissemination Transaction ID: 94c96a3a-ff14-46ef-8 Date of Disbursement or Obligation Transaction		000005.00	rsement For: Primary X General
Virginia M Stevens Mailing Address 1691 Fork Mtn Rd City State Zip Code Bakersville NC 28705 Purpose of Expenditure Nileage Steperal Candidate Support State St		Per Election for Office Sought	Other (specify) ▶
Mailing Address 1691 Fork Mtn Rd City State Zip Code NC 28705 Purpose of Expenditure Mileage Name of Federal Candidate State Support Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (c) TOTAL Independent Expenditures			
Bakersville NC 28705 Transaction ID: 94c96a3a-ff14-46ef-8 Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Support Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Other (specify) 98.80 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Tarasaction ID: 94c96a3a-1f14-46ef-8 Date of Disbursement or Obligation Total Year-Total Other (specify) Other (specify) President Substance Other (specify) President Substance Other (specify) President Substance Other (specify) President Other (specify) President NC Other (specify) President NC		Mailing Address 1691 Fork Mtn Rd	لىنى لنا لنا
Purpose of Expenditure Mileage Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Other (specify) Calendar Year-To-Date Per Election for Office Sought Other (specify) Calendar Year-To-Date Per Election for Office Sought Other (specify) Calendar Year-To-Date Per Election for Office Sought Other (specify) Calendar Year-To-Date Per Election for Office Sought Other (specify) Calendar Year-To-Date Per Election for Office Sought Other (specify) Calendar Year-To-Date Per Election for Office Sought Other (specify) Calendar Year-To-Date Per Election for Office Sought Other (specify) Calendar Year-To-Date Per Election for Office Sought Other (specify) Calendar Year-To-Date Per Election for Office Sought Other (specify) Calendar Year-To-Date Per Election for Office Sought Other (specify) Calendar Year-To-Date Per Election for Office Sought Other (specify) Calendar Year-To-Date Per Election for Office Sought Other (specify) Calendar Year-To-Date Per Election for Office Sought Other (specify) Calendar Year-To-Date Per Election for Office Sought Other (specify) Calendar Year-To-Date Per Election for Off	ŀ	City State Zip Code	28.80
Purpose of Expenditure Mileage Category/ Type 002 08		Bakersville NC 28705	Transaction ID : 94c96a3a-ff14-46ef-8 Date of Disbursement or Obligation
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC		Mileage Category/ 002	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Office	e Sought: House District:00
Per Election for Office Sought 262885.93 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date Date Date	((a) SUBTOTAL of Itemized Independent Expenditures	98.80
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	((b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	((c) TOTAL Independent Expenditures	
[Electronically Filed] Date 08 28 2014	٧	vith, or at the request or suggestion of, any candidate or authorized committee or agent of either	
		[F1t:	

PAGE 16

OF

Schedule E)	INI EXI EN	DITOTILO	PAGE 17 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eric Wilson			08 / 26 / 2014
Mailing Address 907 Randall Drive			Amount
City	State	Zip Code	25.00
Searcy	AR	72149	Transaction ID : 0bad153e-cd66-4430-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		66961.10	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Eric Wilson			08 / 26 / 2014
Mailing Address 907 Randall Drive			Amount
City	State	Zip Code	13.50
Searcy	AR	72149	Transaction ID : 81b9cfed-ddc1-4bd7-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		66961.10	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		38.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			·
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 28 7 2014
-			

Schedule E)	ENDITORIES	PAGE 18 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name of Payee Aaron L Griffin		Date of Public Distribution/Dissemination
Mailing Address 4830 Westin Park Drive		08 26 2014 Amount
City State	Zip Code	15.00
Conway AR	72034	Transaction ID : c43468eb-7c06-44bc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		014 Other (specify) ►
Full Name of Payee		Date of Public Distribution/Dissemination
Aaron L Griffin		08 26 2014
Mailing Address 4830 Westin Park Drive		Amount
City State	Zip Code	3.00
Conway AR	72034	Transaction ID : adb2de3b-92fc-49eb-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 26 / 2014
Name of Federal Candidate	Support 0	Office Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		18.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
.,		4- 4- 4- 4-
Under penalty of perjury I certify that the independent expe with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
	[Electronically Filed] Date	08 28 2014
Signature		

Scl	hedule E)	Difference	<u> </u>	PAGE 19 OF 75 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			ENTIFICATION NUMBER ▼
W	omen Speak Out PAC			00530766
Che	eck if 24-hour report X 48-hour report New re	report Amends repor	rt filed on	D D / Y Y Y Y Y
T	Full Name of Payee Tymber D Crawley		M = M /	Distribution/Dissemination
-	Mailing Address 6 Sherwood Dr		08 Amount	26 2014
\mathbf{I}	City State	Zip Code		15.00
Ĭ	Conway AR	72034		2 : 8526a783-2d99-495d-8 sement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	M - M / 08	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose	President X	
	Calendar Year-To-Date Per Election for Office Sought	66961.10	Disbursement For: 2014 Other (spec	Primary
	Full Name of Payee Tymber D Crawley		Date of Public	Distribution/Dissemination
	Mailing Address 6 Sherwood Dr		Amount	
ľ	City State	Zip Code		3.00
	Conway AR	72034	Transaction ID : Date of Disburs	: 58c26286-6e65-4de2-b sement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	08	26 / 2014
	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose	President X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	66961.10	Disbursement For: 2014 Other (spec	Primary ⊠ General
((a) SUBTOTAL of Itemized Independent Expenditures		>	18.00
((b) SUBTOTAL of Unitemized Independent Expenditures		•	7
((c) TOTAL Independent Expenditures		>	
W	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
		ronically Filed] Date	08 / 28	2014
	Signature			

Schedule E)	VI EXI END	TOTIES	_	AGE 20 OF 75 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	istribution/Dissemination
Donald Dessauer			08 /	26 2014
Mailing Address 1804 Auburn Ave			Amount	
City	State	Zip Code		10.00
Metaire	LA	70003		e8e06891-ed4a-440c-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	98808.87	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	istribution/Dissemination
Donald Dessauer			M M /	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1804 Auburn Ave			Amount	
City	State	Zip Code		0.60
Metaire	LA	70003		e0ed7fc4-8f6e-431b-9 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	98808.87	Disbursement For: 2014 Other (speci	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			10.60
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candio party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 28	2014

Schedule E)	VI EXI EIVE	TIONES	PAGE 21 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			08 / 26 / 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	50.00
charlotte	NC	28227	Transaction ID : a33f9a63-0ced-4039-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	98808.87	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			08 / 26 / 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	24.45
charlotte	NC	28227	Transaction ID : a13efe7f-630c-46f7-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	98808.87	Disbursement For: Primary Genera 2014 Genera Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		74.45
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	9 08 28 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9			

Schedule E)				PAGE 22 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
David Ford			TN	08 26 2014
Mailing Address 106 Hillside St			Amou	
City	State	Zip Code		95.00
Spindale	NC	28160		action ID : 30411c95-6c05-4972-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 26 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan		X Oppose	Preside	ent X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	262885.93	Disbursemen 2014 O	t For: Primary
Full Name of Payee			Date	of Public Distribution/Dissemination
David Ford				08
Mailing Address 106 Hillside St			Amou	nt
City	State	Zip Code	— F.	29.82
Spindale	NC	28160		oction ID: 98e8ff44-f967-4d57-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 / 26 / Y 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:00
Ms. Kay Hagan		Oppose	Presid	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	262885.93	Disbursemer 2014	nt For:
_				
(a) SUBTOTAL of Itemized Independent Expenditures	s		▶	124.82
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		·· •	
(c) TOTAL Independent Expenditures			· •	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	e 08	28 / 2014

Schedule E)				PAGE 23 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee Tammay Williams				of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amour	08 26 2014
City New Orleans	State LA	Zip Code 70116		60.00 action ID : b6d7a699-6390-43e4-9
Purpose of Expenditure Salary		Category/ Type 001		of Disbursement or Obligation M V D D D V V V V V V V V V V V V V V
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	98808.87	Disbursement 2014 Of	t For: Primary X General
Full Name of Payee			Date of	of Public Distribution/Dissemination
Tammay Williams			М	08
Mailing Address 924 N. Prieur St			Amou	nt
City	State	Zip Code		13.50
New Orleans	LA	70116		ction ID: 91e8b8aa-c589-472b-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	08 / 26 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	98808.87	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	9S			73.50
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08	28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

ooneddie Ey	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	08 26 2014
Mailing Address 8822 Apple St Amor	unt
City State Zip Code	40.00
New Orleans LA 70188 Tran	saction ID: 7315a9a7-ca5c-48fb-b of Disbursement or Obligation
Purpose of Expanditure	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ht: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	
	Other (specify) of Public Distribution/Dissemination
Mailing Address 2012 Harrison Ave	08 / 26 / Y 2014
Allo	unt.
City State Zip Code	85.00
Date	saction ID: ea392168-cb20-49f0-8 of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 26 / Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ht: House District: 00
Ms. Kay Hagan Oppose Presid	dent State: NC
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	125.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	28 2014
Signature	

PAGE 24

OF

Sched	dule E)	TI EXI EIVO			PAGE 25 OF 75 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check i	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	* M / D = D / Y = Y = Y
	I Name of Payee teven Jean				of Public Distribution/Dissemination
Mai	iling Address 2012 Harrison Ave				08 26 2014
				7 1110 21	
City		State	Zip Code	Trans	13.50
	inston Salem	NC	27105		action ID: 7a19bfc4-983c-431e-9 If Disbursement or Obligation
	rpose of Expenditure leage		Category/ Type 002		08 26 / 2014
Nar	me of Federal Candidate		Support	Office Sought	: House District: 00
Ms	s. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	262885.93	Disbursement 2014 Ot	For: Primary X General
	I Name of Payee				of Public Distribution/Dissemination
	ebecca A Calvert			M	-M / D D / Y Y Y Y
Ma	illing Address 20116 Medus St				08 26 2014
				Amour	nt
City	у	State	Zip Code		20.00
Co	ovington	LA	70435	Transa Date o	ction ID: 28d8c9ce-6f54-48f6-b of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001	M	08 26 2014
Nai	me of Federal Candidate		Support	Office Sough	t: House District: 00
Ms	s. Mary L Landrieu		X Oppose	Preside	ent X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		98808.87	Disbursement 2014 Of	t For: Primary X General
(a) \$	SUBTOTAL of Itemized Independent Expenditure	es		. •	33.50
(b) \$	SUBTOTAL of Unitemized Independent Expendi	tures		•	
(c) T	TOTAL Independent Expenditures			•	7 7 7
with,	er penalty of perjury I certify that the independe or at the request or suggestion of, any candida y committee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 08	28 2014
S	Signature				

Schedule E)	VI EXI END	TIONES	PAGE 26 OF 75 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	•
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	Y
Full Name of Payee Rebecca A Calvert			Date of Public Distribution/Dissemination	
Mailing Address 20116 Medus St			08 26 2014 Amount	_
			Amount	_
City	State	Zip Code	4.80	
Covington	LA	70435	Transaction ID : fcdec60f-81b7-4e82-b Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	08 / 26 / 2014	Υ
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Mary L Landrieu		Oppose	President Senate State: LA	_
Calendar Year-To-Date Per Election for Office Sought	7	98808.87	Disbursement For: Primary	al
Full Name of Payee			Date of Public Distribution/Dissemination	
Peggy A Sides			08 26 2014	Υ
Mailing Address 2183 Spokane Rd			Amount	
City	State	Zip Code	80.00	
Fayetteville	NC	28304	Transaction ID : 02698fee-b0b4-4299-b Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President X Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	, , ,	262885.93	Disbursement For: Primary Gener 2014 Other (specify) ▶	ral
(a) SUBTOTAL of Itemized Independent Expenditu	res		84.80	٦
				_
(b) SUBTOTAL of Unitemized Independent Expendent	litures		•	_
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 28 2014	
Signaturo				

	,		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC I	DENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC	C	C00530766
Che	ck if 24-hour report X 48-hour report New report Amends report filed of	on Man	/ D = D / Y = Y = Y
Т	Full Name of Payee	Date of Publ	lic Distribution/Dissemination
	Peggy A Sides	08	/ D D / Y Y Y Y Y 2014
	Mailing Address 2183 Spokane Rd	Amount	
ŀ	City State Zip Code		10.50
			ID: 55756f12-2b08-4daf-a pursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 08	26 / Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought:	House District: 00
١	Ms. Kay Hagan Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburs 262885.93 Disburs 2014	sement For:	Primary
-	Full Name of Payee Shantal C Culbreath Mailing Address 4691 Hercules Lane City State Zip Code Woodbridge VA 22193 Purpose of Expenditure Salary Category/ Type 001	Amount	lic Distribution/Dissemination / 26 / 2014 100.00 ID: 854bde5a-fcf9-4c13-a bursement or Obligation / 26 / 2014
ŀ			
		Sought: President	House District: 00 Senate State: NC
		sement For:	Primary
(a) SUBTOTAL of Itemized Independent Expenditures		110.50
(b) SUBTOTAL of Unitemized Independent Expenditures	,	
(c) TOTAL Independent Expenditures		4
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not mad vith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 08	M / 28	2014
	Signature		

PAGE

OF

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	08 26 2014
Mailing Address 102 S Main Street Apt A2 Amou	unt
City State Zip Code	50.00
Berryville VA 22611 Trans	saction ID: ca5936f2-584a-4642-a of Disbursement or Obligation
Purpose of Expenditure	08 / 26 / Y Y Y Y 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Kay Hagan Oppose Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursemer 262885.93	nt For:
Full Name of Payee Melissa A Calvert	of Public Distribution/Dissemination
Mailing Address 20116 Medus St Amou	
City State Zip Code	20.00
Covington LA 70435 Transa Date	action ID: 113fbf27-53b8-424b-9 of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 26 / 2014
Name of Federal Candidate Support Office Sough	ht: House District: 00
Ms. Mary L Landrieu Presid	dent State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014	ent For: Primary X General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	28 2014
Signature	

PAGE 28

OF

Schedule E)	I EXI END			PAGE 29 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Lisa A Hackett			M = N	
Mailing Address 137 S Palm ST			08 Amount	26 2014
City	State	Zip Code		36.00
Winnabow	NC	28479		ion ID : d32500cb-c544-4331-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		262885.93	Disbursement For 2014 Other	or:
Full Name of Payee Lisa A Hackett			Date of F	
Mailing Address 137 S Palm ST			Amount	
City	State	Zip Code		4.20
Winnabow	NC	28479	Transaction Date of D	on ID : 1d42baff-d5ce-4fcd-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	262885.93	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			40.20
				7 . 7
(b) SUBTOTAL of Unitermized Independent Expendit	ures		• •	7- 1 7- 1 7- 1
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		28 2014
Signature				

				FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)	1	FEC I	IDENTIFICATI	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report filed		М	/ D = D /	Y I Y I Y
Т	Full Name of Payee	Date o	f Publ	lic Distribution	Dissemination
	Malinda Ledford		08 ^M	26	2014
	Mailing Address 44 Bell Street Ext	Amoun	t		
ŀ	City State Zip Code				70.00
	Spruce Pine NC 28777			ID: 755ad99	5-9c89-4b08-b
	Purpose of Expenditure Salary Category/ Type 001	M	08	/ 26 /	2014
ľ	Name of Federal Candidate Support Office	Sought	: [House	District:00
	Ms Kay Hagan	Preside	ı	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement		Primary specify) ▶	K General
ŀ	Full Name of Payee				/Diagramination
	Malinda Ledford	M	08 Pub	/ DISTRIBUTION	/Dissemination 2014
	Mailing Address 44 Bell Street Ext	Amour		20	2014
ŀ	City State Zip Code	Г.			28.80
	Spruce Pine NC 28777			ID: 6853a396 oursement or 0	
	Purpose of Expenditure Mileage Category/ Type 002	M	08 ^M	26	2014
ľ	Name of Federal Candidate Support Office	Sought	:	House	District: 00
	Ms. Kay Hagan Oppose	Preside	nt	Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement		Primary specify) ▶	General
((a) SUBTOTAL of Itemized Independent Expenditures				98.80
((b) SUBTOTAL of Unitemized Independent Expenditures	Ľ.			
((c) TOTAL Independent Expenditures	<u> </u>		- 7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 08	M /	28	201	4
	Signature				

PAGE

30

OF

Schedule E)	LIVI EXI EIVI	DITORLO	PAGE 31 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Claire A Smith			08 / 26 / 2014
Mailing Address 6610 Walcott Rd			Amount
City	State	Zip Code	30.00
Paragoud	AR	72450	Transaction ID: 17c53d24-5f23-43a3-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		66961.10	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Claire A Smith			08 26 7 2014
Mailing Address 6610 Walcott Rd			Amount
City	State	Zip Code	21.72
Paragoud	AR	72450	Transaction ID : bc56a8fb-0fa1-4221-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	66961.10	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		. ▶ 51.72
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 28 7 2014
-			

Schedule E)	-INI EXPEN	SITUILS	<u> </u>	PAGE 32 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC				00530766
Check if 24-hour report 48-hour report	New re	eport Amends repo	ort filed on	D D / Y Y Y Y
Full Name of Payee Warren Gravois			Date of Public	Distribution/Dissemination
			08	26 / 2014
Mailing Address 16005 7th St			Amount	
City	State	Zip Code		20.00
Pearlington	MS	39572		: 89b7cbc1-edb1-4c96-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	26 / Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	98808.87	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Warren Gravois			M M /	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 16005 7th St			Amount	
City	State	Zip Code		1.20
Pearlington	MS	39572		: 79ae7242-d1e9-4561-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	98808.87	Disbursement For: 2014 Other (spe	Primary X General cify) ▶
(a) SUBTOTAL of Itemized Independent Expend	ituros			24.20
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPEND	itures		· •	21.20
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•	
(c) TOTAL Independent Expenditures				1 4 1 4 1
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 / 28	2014

Schedule E)	PAGE 33 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M / D D / Y H Y H Y H Y
	of Public Distribution/Dissemination
	08 26 7 2014
Mailing Address 2565 Shire Circle Amour	nt
City State Zip Code	20.00
Harrisonburg VA 22801 Trans a	action ID: d1f7be1d-1f94-45fd-9 of Disbursement or Obligation
Purpose of Expenditure Category/	08 26 2014
Name of Federal Candidate Support Office Sought	t: House District: 00
Ms. Kay Hagan Oppose Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Ot	t For: Primary ⊠ General ther (specify) ▶
	of Public Distribution/Dissemination
	08 26 2014
Mailing Address 345 Auroura Ave Amour	nt
City State Zip Code	70.00
	ction ID: 15da009a-c114-4596-a of Disbursement or Obligation
Purpose of Expenditure Category/	08 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought	t: House District: 00
Ms. Mary L Landrieu Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Office Sought	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	90.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in countries, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	28 / 2014

ocnea	,		FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
vvom	en Speak Out PAC		C C00530766
Check if	24-hour report X 48-hour report New report	rt Amends report fil	ed on Man / Dad / Yayayay
	Name of Payee		Date of Public Distribution/Dissemination
	eau Autin		08 26 2014
Maili	ng Address 345 Auroura Ave		Amount
City	State	Zip Code	4,44
		70006	Transaction ID: 17c9b09a-84de-4f1e-b Date of Disbursement or Obligation
	ose of Expenditure eage	Category/ Type 002	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nam	e of Federal Candidate	Support Of	fice Sought: House District: 00
Ms.	Mary L Landrieu	Oppose [President State: LA
	Calendar Year-To-Date Per Election for Office Sought	98808.87 Dis	
Full	Name of Payee		Other (specify)
	rbara E Spritz		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mail	ing Address 3346 Durham St Ext		Amount
City	State	Zip Code	45.00
Bur	lington NC	27217	Transaction ID: 0b078df8-da3d-4b7a-b Date of Disbursement or Obligation
Purp Sal	pose of Expenditure ary	Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nam	ne of Federal Candidate	Support Of	fice Sought: House District: 00
Ms.	Kay Hagan	∑ Oppose [President State: NC
	Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary X General 114 Other (specify) ▶
(a) S	UBTOTAL of Itemized Independent Expenditures	······	49.44
(b) S	UBTOTAL of Unitemized Independent Expenditures	·····	
(c) T	OTAL Independent Expenditures	······	
with,	r penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronic	cally Filed] Date	08 28 2014
Sig	gnature	Date	

PAGE 34

OF

Schedule E)	PAGE 35 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Barbara F Spritz	Public Distribution/Dissemination
Mailing Address 3346 Durham St Ext Amount	26 2014
	6.00 ction ID: 9b90f27b-e6e9-4f7d-a Disbursement or Obligation
Purpose of Expenditure Category/	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan Oppose Presiden	NC NC
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For: Primary
Parker H Morrow	f Public Distribution/Dissemination
Mailing Address 506 N Horton Street Amount	08 26 2014 t
City State Zip Code	40.00
Searcy AR 72143 Transac Date of	tion ID: 00e7d9f0-dc9c-4dc4-b f Disbursement or Obligation
	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District:00
Mr. Mark L Pryor	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures	46.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Market Date Date	28 / 2014

Sch	nedule E)	L /(1 L /(2)	TOTLES		PAGE 36 OF 75 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report	New repo	oort Amends repo	ort filed on	T = M / D = D / Y = Y = Y
T	Full Name of Payee Parker H Morrow	,			of Public Distribution/Dissemination
	Mailing Address 506 N Horton Street			Amou	08 26 2014 unt
H	City	State	Zip Code		24.00
- 1	Searcy	AR	72143		saction ID : 2a119062-e055-4e3f-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	TV.	08 26 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District:00
	Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		66961.10	Disbursemen 2014	nt For:
	Full Name of Payee Adam Rock Mailing Address 307 Farris Rd Apt 1				of Public Distribution/Dissemination 08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
				7	
	City Conway	State AR	Zip Code 72034	Transa	25.00 action ID : c5257e63-7910-4afb-8 of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 / 26 / Y 2014
	Name of Federal Candidate		Support	Office Sough	nt: House District: 00
	Mr. Mark L Pryor		X Oppose	Presid	lent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		66961.10	Disbursemer 2014	nt For:
(8	a) SUBTOTAL of Itemized Independent Expenditures.	;			49.00
(k	b) SUBTOTAL of Unitemized Independent Expenditur	res		· •	
(0	c) TOTAL Independent Expenditures			•	7 7 7
W	Inder penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its ac	e or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 08	28 2014
	Signature				

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour re	eport New repo	ort Amends rep		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Adam Rock				08 26 2014
Mailing Address 307 Farris Rd Apt 1			Amou	unt
City	State	Zip Code		3.90
Conway	AR	72034		saction ID : 7d67fd92-f9d9-4277-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 / 26 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		66961.10	Disbursemen 2014	nt For:
Full Name of Payer				
Full Name of Payee Steven Best				of Public Distribution/Dissemination M
Mailing Address 103 Washington Ave			Amo	
City	State	Zip Code	— r	33.00
Newport	NC	28570		action ID: a4db7d90-761a-40e0-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 26 7 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		262885.93	Disburseme 2014	nt For: Primary X General Other (specify) ►
(a) SUBTOTAL of Itemized Independent E	xpenditures		>	36.90
(b) SUBTOTAL of Unitemized Independent	Expenditures		··· •	
(c) TOTAL Independent Expenditures			··· •	
Under penalty of perjury I certify that the in with, or at the request or suggestion of, an party committee) any political party commit	y candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Dat	e 08	28 2014
Signature				

PAGE

37

OF

Schedule E)	EXI END	101120		PAGE 38 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee Steven Best				Public Distribution/Dissemination
Mailing Address 103 Washington Ave				08 26 2014
			Amoun	
City	State	Zip Code		13.05
Newport	NC	28570		ction ID: 8e7183b7-4e99-4231-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	Presider	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	62885.93	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
Full Name of Payee				f Public Distribution/Dissemination
Theresa A Touchet				08 26 2014
Mailing Address 102 French Street #3				20 2014
			Amoun	t
City	State	Zip Code		33.00
New Orleans	NC	70124		tion ID: 00310e18-56a7-479f-a f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	House District: 00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	98808.87	Disbursement 2014 Otl	For: Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·		•	46.05
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M / / 08	28 2014
Signature				

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Theresa A Touchet	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 102 French Street #3	nount
City State Zip Code	0.30
New Orleans NC 70124 Tra	Insaction ID : eb845166-a742-4527-b te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mc Mary L Landricu	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary ⊠ General Other (specify) ▶
	te of Public Distribution/Dissemination
Earl Stewart	08 26 Y 2014
Mailing Address 9455 Snow Camp Road Am	nount
City State Zip Code	90.00
	nsaction ID : c99770b0-264f-40d0-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	08 / 26 / 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Kay Hagan Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	90.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	28 2014
Signature	

PAGE 39

OF

Schedule E)	DENT EXICIO	TIONES	PAGE 40 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	t New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Earl Stewart			08 / 26 / 2014
Mailing Address 9455 Snow Camp Road			Amount
City	State	Zip Code	7.50
Snowcamp	NC	27349	Transaction ID : c6b5ab01-c92c-48d9-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-,-,	262885.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	45.00
Ville Platte	LA	70586	Transaction ID : 59fb8790-0175-411f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	98808.87	Disbursement For: Primary ☐ General 2014 Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expe	nditures		. ▶ 52.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		· •
(c) TOTAL Independent Expenditures			
	andidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 28 2014

Schedule E)	PAGE 41 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Christopher Marquess	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St	Amount
City State Zip Code	22.80
Ville Platte LA 70586	Transaction ID: a95fbebf-06f6-4426-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Mary L Landrieu Oppos	Se President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Kaleigh J Wagner	08 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 18065 Wayne Rd	Amount
City State Zip Code	55.00
Odessa FL 33556	Transaction ID: d2f35b17-3d96-4fff-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 08 / 26 / 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Mr. Mark L Pryor Oppos	se President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 66961.10	Disbursement For: Primary General
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	······· >
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 08 / 28 / 2014

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Randy M Gold	08 26 2014
	Mailing Address 1436 Haigs Creek Dr	Amount
	City State Zip Code	55.00
	Elgin SC 29045	Transaction ID: 771d10ed-23f1-44ee-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	00004.40	rsement For: Primary X General
	Per Election for Office Sought 66961.10 2014	Other (specify) >
	Full Name of Payee Randy M Gold	Date of Public Distribution/Dissemination
	Mailing Address 1436 Hains Creek Dr	08 26 2014
	Mailing Address 1436 Haigs Creek Dr	Amount
	City State Zip Code	29.52
	Elgin SC 29045	Transaction ID: 63055aec-32e7-4733-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	08 26 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	84.52
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
1	Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	
	Signature Date 0	20 2014

PAGE 42

OF

Schedule E)	PAGE 43 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	report filed on / / / /
Full Name of Payee	Date of Public Distribution/Dissemination
James W Blevins	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 108 East Clinton St	Amount
PO Box 410	
City State Zip Code	40.00
Salemburg NC 28385	Transaction ID: 92afe3eb-0c46-4ac2-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 08 / 26 / 2014
Name of Federal Candidate Suppo	rt Office Sought: House District: 00
Ms. Kay Hagan Oppos	
Calendar Year-To-Date Per Election for Office Sought 262885.93	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
James W Blevins	08
Mailing Address 108 East Clinton St	Amount
PO Box 410	
City State Zip Code	7.08
Salemburg NC 28385	Transaction ID : 2919d3d0-cfaa-4533-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Ms. Kay Hagan Oppos	se President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 262885.93	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	47.08
(b) SUBTOTAL of Unitemized Independent Expenditures	·······)
(c) TOTAL Independent Expenditures	······· >
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 08 28 2014
Signaturo	

Schedule E)	JENT EXILITE	TIONES	PAGE 44 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			08 / 26 / 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	90.00
Eden	NC	27288	Transaction ID : 5e104f1e-f6e2-42a1-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,.,	262885.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			08 / 26 / 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	11.40
Eden	NC	27288	Transaction ID : e0af4115-e795-455e-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		262885.93	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Exper	nditures		101.40
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 28 Y 2014
•			

Sch	edule E)	NDII OII EO				PAGE 45 OF 75 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC					C00530766
		. 🗆 .			M M /	D D / Y Y Y Y Y
Chec		report A	mends repo	ort filed on		
	Full Name of Payee Diane Smith				M = M	c Distribution/Dissemination
N	Mailing Address 4006 Wolkswalk Place			Amo	08 unt	26 2014
				74110	unt.	
	Dity State	Zip Code				30.00
	Raleigh NC	27610				ID: a6a6dcb5-fc1b-4e8d-8 ursement or Obligation
	Purpose of Expenditure Salary	Category Typ] [M M M M M	26 / 2014
N	Name of Federal Candidate		Support	Office Soug	ht:	House District:00
	Ms. Kay Hagan	×	Oppose	Presid	_	Senate State: NC
l	Calendar Year-To-Date Per Election for Office Sought	262885.93		Disburseme	nt For: Other (sp	Primary
F	Full Name of Payee			Date	of Publi	c Distribution/Dissemination
	Diane Smith				M = M .	26 2014
1	Mailing Address 4006 Wolkswalk Place					20 2011
				Amo	unt	
	City State	Zip Code				4.50
	Raleigh NC	27610		Trans Date	action II	D: baa7c318-a0ff-459b-8 ursement or Obligation
	Purpose of Expenditure Mileage	Category Typ			M M M	26 / 2014
1	Name of Federal Candidate		Support	Office Soug	ght:	House District: 00
	Ms. Kay Hagan	X	Oppose	Presi	dent	Senate State: NC
l	Calendar Year-To-Date Per Election for Office Sought	262885	93	Disburseme 2014	ent For: Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	7	34.50
(b) SUBTOTAL of Unitemized Independent Expenditures			· • [
(с) TOTAL Independent Expenditures			· -	-	
wi	nder penalty of perjury I certify that the independent expendit th, or at the request or suggestion of, any candidate or autho arty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Elec	ctronically Filed	Date	e 08	28	/ Y = Y = Y = Y = 2014
	Signature		_ 3			

Schedule E)	IN EXICIN	DITOTILO	PAGE 46 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			08 / 26 / 2014
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	30.00
Shreveport	LA	71104	Transaction ID : 22dad2b7-b0b7-4c66-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		98808.87	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			08 / 26 / 2014
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	12.30
Shreveport	LA	71104	Transaction ID : 3770feb9-c4fd-44e0-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-,,	98808.87	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		42.30
(b) SUBTOTAL of Unitermized Independent Exper	nditures		
(-,			45 45
(c) TOTAL Independent Expenditures			
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

ochedule L		FOR SE OF FORM 24/48
	MITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
vvomen S	peak Out PAC	C C00530766
Check if 2	4-hour report X 48-hour report New report Amends report filed	i on Man / Dad / Yayayay
Full Name		Date of Public Distribution/Dissemination
	sca Blom	08 26 2014
Mailing Add	ress 101 Asbury Ct	Amount
City	State Zip Code	107.50
Wincheste		Transaction ID : db275038-8a94-4dfa-8 Date of Disbursement or Obligation
Purpose of Salary	Expenditure Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of F	ederal Candidate Support Offic	e Sought: House District: 00
Ms. Kay Ha		President State: NC
	lar Year-To-Date Disb 2014	ursement For: Primary ⊠ General Other (specify) ▶
Full Name	of Payae	Date of Public Distribution/Dissemination
Lily Gre		Date of Public Distribution/Dissemination 8 26 2014
Mailing Add	Iress 205 Medallion Circle	Amount
City	State Zip Code	40.00
Shrevepor	LA 71119	Transaction ID: 4599f6e3-a394-4429-8 Date of Disbursement or Obligation
Purpose of Salary	Expenditure Category/ Type 001	08 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of F	ederal Candidate Support Offic	e Sought: House District: 00
Ms. Mary L	Landrieu Oppose	President State: LA
	dar Year-To-Date ection for Office Sought 98808.87 Disb	ursement For: Primary
(a) SUBTO	AL of Itemized Independent Expenditures	147.50
(b) SUBTO	AL of Unitemized Independent Expenditures	
(c) TOTAL	ndependent Expenditures	
with, or at th	y of perjury I certify that the independent expenditures reported herein were not me request or suggestion of, any candidate or authorized committee or agent of either tee) any political party committee or its agent.	
	(77)	08 28 2014
Signature		

PAGE 47

OF

Schedule E)	.XI ENDITORIES		PAGE 48 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New report A	manda ranarti	Filed on
Check if 24-hour report 48-hour report	New report A	mends report	nied on
Full Name of Payee Lily Green			Date of Public Distribution/Dissemination 08 / 26 / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y
Mailing Address 205 Medallion Circle			Amount
City Sta	ate Zip Code		20.10
	A 71119		Transaction ID : 517558b0-df5b-4c14-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category Type		08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	·	Support C	Office Sought: House District: 00
Ms. Mary L Landrieu	X	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	98808.87		oldspring of the results of the res
Full Name of Payee			Date of Public Distribution/Dissemination
Bradley K Kissinger			08 26 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3113 Imperial Valley Dr.			Amount
l '	ate Zip Code AR 72212		Transaction ID : 4ee65aaa-91c0-4e1f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category Type		Date of Disbursement of Obligation 8 26 / Y 2014
Name of Federal Candidate		Support C	Office Sought: House District: 00
Mr. Mark L Pryor	X	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	66961.		Oisbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures)	65.10
(b) SUBTOTAL of Unitemized Independent Expenditures)	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its ager	r authorized committee		
Ms. Emily Buchanan	[Electronically Filed]	Date	08 28 2014
Signature		24.0	

Sche	dule E)	EXI EIIDI	101120				PAGE 49 FOR SE OF		75 48
	OF COMMITTEE (In Full)					FEC ID	DENTIFICATION		
Wor	men Speak Out PAC					С	C00530766		
						M M /	D D /	YYY	Y
Check		X New repo	ort Ame	nds repo	rt filed on				
	II Name of Payee Bradley K Kissinger				Date	e of Public	c Distribution/	Disseminati 2014	
Ma	ailing Address 3113 Imperial Valley Dr.				Am	ount	20	2014	
Cit	hv C	State	Zip Code		<u> —</u> г			14.	40
	ttle Rock	AR	72212				ID: e5023ca9	-065f-46a6	
_	rpose of Expenditure lileage		Category/ Type	002		M M M 08	26	2014	Y
Na	ame of Federal Candidate		Su	ıpport	Office Sou	aht:	House	District:	00
М	r. Mark L Pryor			ppose			X Senate		\R
	Calendar Year-To-Date Per Election for Office Sought		66961.10		Disbursem 2014	ent For: Other (sp	Primary pecify) ▶	X Ger	neral
	III Name of Payee				Dat	e of Publi	c Distribution/	Disseminati	ion
	indsey E Helms					M = M 08	/ D D /	2014	Y
Ma	ailing Address 301 N Clinic Apt 3								_
					Am	ount			
Ci	ty	State	Zip Code					25.0	0
<u> </u>	earcy	AR	72143				D: 1f9c3ac0-cursement or C		9
	urpose of Expenditure alary		Category/ Type	001		08	26	2014	Y
Na	ame of Federal Candidate		Sı	upport	Office Sou	ight:	House	District:	00
М	r. Mark L Pryor		X o	opose	Pres	sident	X Senate	State:	AR
	Calendar Year-To-Date Per Election for Office Sought		66961.10		Disbursem 2014	ent For: Other (sp	Primary Decify) ▶	X Ge	neral
(a)	SUBTOTAL of Itemized Independent Expenditures				· •			39.40	Ш
(b)	SUBTOTAL of Unitemized Independent Expenditure	es			•				
(c)	TOTAL Independent Expenditures				•	-	1 1 4		
with	ler penalty of perjury I certify that the independent , or at the request or suggestion of, any candidate y committee) any political party committee or its ag	or authorized							
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M = M 08	/ 28	/ Y Y 201	4	
(Signature		_	_ 50			-		

Sch	edule E)	EXI EIID	101120		PAGE 50 OF 75 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
Check	c if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M = M / D = D / Y = Y = Y = Y
	ull Name of Payee Lindsey E Helms			Dat	te of Public Distribution/Dissemination
M	lailing Address 301 N Clinic Apt 3			Am	08 26 2014 nount
C	ity	State	Zip Code	— F	14.31
	Searcy	AR	72143		ansaction ID : e62396df-297d-4787-b te of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		08 / 26 / Y Y Y Y Y Y Y Y
N	ame of Federal Candidate		Support	Office Sou	ught: House District: 00
N	Лr. Mark L Pryor		X Oppose		sident Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	66961.10	Disbursem 2014	nent For:
	ull Name of Payee Lee R Carter			Dat	te of Public Distribution/Dissemination
N	Mailing Address 3110 Brentwood Rd			Am	nount
С	City	State	Zip Code		20.00
	Raleigh	NC	27604	Tran Dat	nsaction ID: e92dedf6-2ecf-4d02-9 te of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		08 / 26 / 2014
N	lame of Federal Candidate		Support	Office Sou	ught: House District: 00
N	Лs. Kay Hagan		X Oppose	Pres	sident State: NC State:
	Calendar Year-To-Date Per Election for Office Sought	, , ,	262885.93	Disbursem 2014	nent For: Primary
(a)	SUBTOTAL of Itemized Independent Expenditures	S		•	34.31
(b)	SUBTOTAL of Unitemized Independent Expenditu	res			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
				, F	
(c)	TOTAL Independent Expenditures			▶	
witl	der penalty of perjury I certify that the independer h, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Dai	m m m m m m m m m m m m m m m m m m m	/ D D / Y Y Y Y Y 28 2014
	Signature				

Schedule E)	ENT EXILITE	TOTILO	PAGE 51 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lee R Carter			08 / 26 / 2014
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	5.10
Raleigh	NC	27604	Transaction ID : a3785dd5-f367-4a5d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 26 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		262885.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Holly M Tippett			08
Mailing Address 595 Saint Gabrielle Dr			Amount
City	State	Zip Code	40.00
Florissant	MO	63033	Transaction ID : c23e2b90-223b-43cd-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		66961.10	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	tures		45.10
			7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
2. 0			

Schedule E)	LIVI EXI EN	DITORILO	PAGE 52 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New r	eport Amends repo	rt filed on
Full Name of Payee Holly M Tippett			Date of Public Distribution/Dissemination
Mailing Address 595 Saint Gabrielle Dr			08 26 2014
			Amount
City	State	Zip Code	23.25
Florissant	МО	63033	Transaction ID: 109f055c-86a5-412c-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 26 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		66961.10	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			08 / 26 / 2014
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	50.00
METAIRIE	LA	70003	Transaction ID : e4957ff8-f2ce-4dde-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		98808.87	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		73.25
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	08
Signature			

Schedule E)	ENT EXILEN	SHORLS	PAGE 53 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			08 / 26 / 2014
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	1.20
METAIRIE	LA	70003	Transaction ID : 6e0e76bb-935d-44c3-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 26 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		98808.87	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Benjamin Hernandez			08 26 2014
Mailing Address 915 E Market Ave			Amount
City	State	Zip Code	50.00
Searcy	AR	72149	Transaction ID : f8b8f00f-50b0-401a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		66961.10	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		. > 51.20
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 28 7 2014
-			

Schedule E)				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				
Women Speak Out PAC				FEC IDENTIFICATION NUMBER ▼
				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends rep	ort filed	on Mam / Dad / Yayayay
Full Name of Payee				Date of Public Distribution/Dissemination
Benjamin Hernandez				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 E Market Ave				08 26 2014
				Amount
City	State	Zip Code		30.90
Searcy	AR	72149		Transaction ID : 67278d4f-8078-4b47-9
Purpose of Expenditure		Category/	_	Date of Disbursement or Obligation
Mileage		Type 002	2	08 26 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Mr. Mark L Pryor		X Oppose		President State: AR
Calendar Year-To-Date		20204.40	1	rsement For: Primary X General
Per Election for Office Sought	7	66961.10	2014	Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Michael Vidrine				08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street				
				Amount
City	State	Zip Code		60.00
Ville Platte	LA	70586		Transaction ID: 60d2bc48-e600-4356-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ 001		08 26 2014
		Type		20 2014
Name of Federal Candidate		Support	Office	Sought: House District:00
Ms. Mary L Landrieu		X Oppose		President Senate State: LA
Calendar Year-To-Date		98808.87	Disbu 2014	rsement For: Primary X General
Per Election for Office Sought	77	9000.07	2011	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditur	'es		▶	90.90
(b) SUBTOTAL of Unitemized Independent Expendi	ituree			
(b) 300101AL of Officernized Independent Expendi	itures		···· •	7 7 7
(c) TOTAL Independent Expenditures				
				7 7
Under penalty of perjury I certify that the independ	ent evnenditures	reported herein were	not ma	de in cooperation, consultation, or concert
with, or at the request or suggestion of, any candid	ate or authorized			·
party committee) any political party committee or its	agent.			
Ms. Emily Buchanan			M	M / D D / Y Y Y Y
Signature	[Electron	nically Filed] Dat	te 08	3 28 2014

Schedule E)	PAGE 55 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	report filed on
Full Name of Payee Michael Vidrine	Date of Public Distribution/Dissemination
Mailing Address 1103 West Wilson Street	08 26 2014 Amount
City. Chate 7's Code	20.00
City State Zip Code Ville Platte LA 70586	28.20 Transaction ID: 0d713a9b-a345-483d-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	
Calendar Year-To-Date Per Election for Office Sought 98808.87	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Patrice Wolfe	Date of Public Distribution/Dissemination
Mailing Address 9909 Treasure Hill Rd	08 26 2014 Amount
City State Zip Code	27.50
Little Rock AR 72205	Transaction ID : 2c6a0d57-3429-4562-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 08 7 26 7 2014
Name of Federal Candidate Suppo	rt Office Sought: House District: 00
Mr. Mark L Pryor Oppos	
Calendar Year-To-Date Per Election for Office Sought 66961.10	Disbursement For: Primary General 2014 General Cther (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	> 55.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 08 / 28 / 2014

Schedule E)	LIVI EXI EIV	BITOTILO	PAGE 56 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Patrice Wolfe			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9909 Treasure Hill Rd			Amount
City	State	Zip Code	15.00
Little Rock	AR	72205	Transaction ID: 78cce586-554a-4475-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		66961.10	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Brittany Jones			08
Mailing Address 338 Wayne Drive			Amount
City	State	Zip Code	10.00
Shreveport	LA	71105	Transaction ID: 706330da-9a63-4a41-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought		98808.87	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expen	ditures		25.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			•
	ndidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08
-			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Tylan S Green	08
Mailing Address 2320 Saint Nick Dr	Amount
City State Z	ip Code 50.00
1 ·	70131 Transaction ID : dad7bfcf-1277-4a2d-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 08 26 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (appoint)
Full Name of Page	Other (specify)
Full Name of Payee Tylan S Green	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2320 Saint Nick Dr	08 26 2014 Amount
City State Z	ip Code 4.50
	70131 Transaction ID : d194e6da-e3fe-4c2a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 08 26 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	98808.87 Disbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	54.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronica	ully Filed] Date 08 28 2014
Signature	

PAGE

OF

Schedule E)	OF INDEA ENDER	. EXI EIID	TOTILO		PAGE 58 FOR SE OF I	OF 75 FORM 24/48
NAME OF COMMITTEE (In F					FEC IDENTIFICATIO	
Women Speak Out	PAC				C C00530766	
Check if 24-hour report	X 48-hour report	New repo	ort Amends rep	port filed on	M = M / D = D /	Y " Y " Y " Y
Full Name of Payee Jeanne Tribou				Da	e of Public Distribution/D	Y = Y = Y
Mailing Address 22369 P	onderosa Dr.			Am	08 26 ount	2014
City		State	Zip Code			30.00
Mandeville		LA	70471		nsaction ID : 1b4915d8- e of Disbursement or Ob	6bdc-4326-8
Purpose of Expenditure Salary			Category/ Type 00	1	08 / 26	2014
Name of Federal Candida	ite		Support	Office Sou	ght: House D	istrict: 00
Ms. Mary L Landrieu			X Oppose	Pres	ident Senate	State:LA
Calendar Year-To-Da Per Election for Office		7 7	98808.87	Disbursen 2014	ent For: Primary Other (specify) ▶	General
Full Name of Payee				Da	e of Public Distribution/D	Dissemination
Jeanne Tribou					08 / 26 /	2014
Mailing Address 22369	Ponderosa Dr.			An	ount	
City		Ctata	7:a Cada			0.00
City Mandeville		State LA	Zip Code 70471	Tra	saction ID: 04951ba6-7 e of Disbursement or Ol	9.60 'e3d-4568-8
Purpose of Expenditure Mileage			Category/ Type 002		08 / 26	2014
Name of Federal Candida	ate		Support	Office So	ight: House D	District: 00
Ms. Mary L Landrieu			X Oppose	Pre	sident Senate	State: LA
Calendar Year-To-Da Per Election for Offic		7	98808.87	Disbursen 2014	ent For: Primary Other (specify) ▶	X General
(a) SUBTOTAL of Itemized	d Independent Expenditure	s		•		39.60
(b) SUBTOTAL of Unitemi	zed Independent Expenditu	ures		.	7	
(c) TOTAL Independent E	xpenditures			···· •	7 7	1 /2 1
Under penalty of perjury I with, or at the request or sparty committee) any politic	suggestion of, any candidate	te or authorized				
Ms. Emily Buch	hanan	[Electron	ically Filed] Da	te 08	/ DD / Y Y 2014	
Signature			_			

Schedule E	i)	IVI EXI EIVE			PAGE 59 OF 75 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
Check if 2	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M
Full Name Elizabe	of Payee eth DeMaine	<u> </u>			of Public Distribution/Dissemination
Mailing Ad	dress 75 Stephenson Ln			Amou	08 26 2014 nt
City		State	Zip Code		15.00
City Sheridan		AR	72143		action ID : 80495500-d55d-47cd-a of Disbursement or Obligation
Purpose of Salary	f Expenditure		Category/ Type 001		08 26 2014
Name of F	Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark l	_ Pryor		X Oppose	Preside	
	dar Year-To-Date lection for Office Sought	7	66961.10	Disbursemen 2014	nt For:
Full Name Elizabe	eth DeMaine				of Public Distribution/Dissemination 08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
0''		01.1	7: 0 !		10.00
City Sheridan		State AR	Zip Code 72143	Transa Date	19.80 action ID : 7cccc0e2-06ce-4202-b of Disbursement or Obligation
Purpose o Mileage	f Expenditure		Category/ Type 002		08 / 26 / Y Y Y Y Y Y Y
Name of F	Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark I	_ Pryor		Oppose	Presid	ent State: AR
	ndar Year-To-Date Election for Office Sought		66961.10	Disbursemer 2014	nt For:
(a) SUBTO	TAL of Itemized Independent Expendite	ures			34.80
(b) SUBTO	TAL of Unitemized Independent Expen	ditures		· •	
(c) TOTAL	Independent Expenditures			•	7 1 7 1 7
with, or at t	Ity of perjury I certify that the indepen he request or suggestion of, any candi ittee) any political party committee or it	date or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 08	28 2014
Signature	e				

Sched	lule E)	1 - 20 - 11 - 1			PAGE 60 OF 75 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	nen Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Name of Payee melia Brackett				of Public Distribution/Dissemination
Mail	ing Address 804 Roundabout Circle			Amou	08 26 2014 nt
City	_	State	Zip Code		40.00
	агсу	AR	72143		action ID : 2290b937-6499-4bfb-8 of Disbursement or Obligation
Purp Sal	pose of Expenditure ary		Category/ Type 001		08
Nam	ne of Federal Candidate		Support	Office Sough	t: House District:00
Mr.	Mark L Pryor		X Oppose	Preside	ent Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		66961.10	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
	Name of Payee nristine Stevens				of Public Distribution/Dissemination
Mail	ling Address 100 Asbury Ct			Amou	08 26 2014 nt
City		State	Zip Code		80.00
	nchester	VA	22602	Transa Date	ction ID: 8047ef49-38ee-4095-b of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001	N/	08 / 26 / Y Y Y Y Y
Nan	ne of Federal Candidate		Support	Office Sough	t: House District:00
Ms.	Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		262885.93	Disbursemen 2014 O	t For:
(a) S	SUBTOTAL of Itemized Independent Expenditure	·S			120.00
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ures		•	
(c) T	OTAL Independent Expenditures			· .	7 1 7 1 4
with,	r penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 08	28 2014
Si	gnature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Jazmine d Conner	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 ASBURY CT	Amount
City State Zip	Code 60.00
WINCHESTER VA 226	7
Purpose of Expenditure Salary Ca	ttegory/ Type 001 08 26 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	✓ Oppose President ✓ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 26288	Disbursement For: Primary General 2014 Check (appeals)
	Other (specify)
Full Name of Payee Jon E Conner	Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct	08 26 2014 Amount
City State Zip	Code 70.00
	Transaction ID : e08922e2-12c0-4be0-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Ca	ttegory/ Type 001 08 26 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically	Filed] Date 08 28 2014
Signature	200

PAGE

OF

Schedule E)	NDI OILO	PAGE 62 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	report Amends report f	illed on
Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct		08 26 2014 Amount
City State	Zip Code	80.00
Winchester VA	22602	Transaction ID : b4d5984a-d622-40b1-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 26 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General O14 Other (specify) ▶
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination
Mailing Address 100 Asbury CT		08 26 2014 Amount
3200 Dam Neck Rd		
City State Winchester VA	Zip Code 22602	Transaction ID : 30c8b055-efa0-4b8b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ► ☐
(a) SUBTOTAL of Itemized Independent Expenditures	······	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Elec	ctronically Filed] Date	08 28 2014
Signature		

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC ID	ENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C	C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M /	D = D / Y = Y = Y = Y
Т	Full Name of Payee	Date of Public	Distribution/Dissemination
	Rze Culbreath	08	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 100 Asbury Ct	Amount	
ŀ	City State Zip Code		80.00
	Winchester VA 22602		D: 9e0bab58-4a2e-442b-b rsement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	M M /	26 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Me Kay Hagan	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbur 262885.93 Disbur 2014	sement For:	Primary
ľ	Full Name of Payee Joneisha Stewart Mailing Address 2329 Runnymede Dr	Date of Public	Distribution/Dissemination 26 2014
		Amount	
	City State Zip Code Marrero LA 70072	Transaction ID	50.00 : d4d258b0-da90-42fe-a
-	Purpose of Evpenditure	Date of Disbur	rsement or Obligation
	Salary Category/ Type 001	08	26 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Mary L Landrieu Oppose	President >	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	sement For: Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditures		130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	4	
(c) TOTAL Independent Expenditures		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not make with, or at the request or suggestion of, any candidate or authorized committee or agent of either, earty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 08	M / D D D 28	2014
	Signature		

PAGE 63

OF

Sc	chedule E)			PAGE 64 OF 75 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			ENTIFICATION NUMBER ▼
W	Vomen Speak Out PAC			C00530766
Che	eck if 24-hour report X 48-hour report New report Amen	nds repo	t filed on	D D
Т	Full Name of Payee		Date of Public	Distribution/Dissemination
-	Carol L Walters		08	26 / 2014
	Mailing Address 1900 Glen West Way		Amount	
ŀ	City State Zip Code			50.00
	Fort Smith AR 72916			D: 52936e44-53a2-4738-9 rsement or Obligation
	Purpose of Expenditure Salary Category/ Type	001	08	26 / 2014
Ì	Name of Federal Candidate Sup	ıpport	Office Sought:	House District: 00
	Ma Madel Dane	ppose	President >	
	Calendar Year-To-Date Per Election for Office Sought 66961.10		Disbursement For: 2014 Other (spe	Primary
Ī	Full Name of Payee		Date of Public	Distribution/Dissemination
	Carol L Walters		M M /	26 / Y Y Y Y Y Y
•	Mailing Address 1900 Glen West Way		00	26 2014
			Amount	
Ì	City State Zip Code			5.10
	Fort Smith AR 72916		Transaction ID Date of Disbu	: 6645eb89-1bf8-4fd8-b rsement or Obligation
	Purpose of Expenditure Mileage Category/ Type	002	08	26 / 2014
	Name of Federal Candidate Su	upport	Office Sought:	House District:00
	Mr. Mark L Pryor Op	opose	President	
	Calendar Year-To-Date Per Election for Office Sought 66961.10		Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures)	55.10
((b) SUBTOTAL of Unitemized Independent Expenditures		•	
((c) TOTAL Independent Expenditures		•	
٧	Under penalty of perjury I certify that the independent expenditures reported herei with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed]	Date	08 28	2014
	Signature			

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report Ne	ew report Amends report filed on Amends report
Full Name of Payee Thomas Dias	Date of Public Distribution/Dissemination
	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Maryella Dr	Amount
City State	Zip Code 40.00
Searcy AR	72143 Transaction ID : fe880fae-f19a-47a0-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 08 / 26 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Kenny Wallis Mailing Address 6412 Osage Dr	Date of Public Distribution/Dissemination M 08
City State	Zip Code 35.00
North Little rock AR	72116 Transaction ID : 48c11e6f-b578-41be-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 008 26 26 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures)
	ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 08 28 2014
Signature	

PAGE

65

OF

Schedule E)	INT EXI EN	STIGHTS	PAGE 66 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Kenny Wallis			08 / 26 / 2014
Mailing Address 6412 Osage Dr			Amount
City	State	Zip Code	4.53
North Little rock	AR	72116	Transaction ID: c90c0b49-a660-4532-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		66961.10	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	90.00
High Point	NC	27260	Transaction ID: 29a39a6c-b17f-4607-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	262885.93	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expending	tures		94.53
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
V			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 67 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			08 / 26 / 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	21.30
High Point	NC	27260	Transaction ID : b30cbe98-8c46-48ff-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	262885.93	Disbursement For: Primary General
Full Name of Payee			Date of Public Distribution/Dissemination
Danielle McCoy			08 / 26 / 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	70.00
High Point	NC	27260	Transaction ID: e075014e-ccb2-455c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		262885.93	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		91.30
,,			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)	LIVI LXI LIVE	TIONES	PAGE 68 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Danielle McCoy			Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct			08 26 2014
			Amount
City	State	Zip Code	20.40
High Point	NC	27260	Transaction ID: 907ccdee-9e1a-491c-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		262885.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			08 26 2014
Mailing Address 4902 Catawba Dr			Amount
City	State	Zip Code	75.00
Greensboro	NC	27407	Transaction ID: 1979870a-39ff-4a17-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	262885.93	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		95.40
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 28 2014
Olynatul C			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 69 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			08 / 26 / Y Y Y Y Y Y Y
Mailing Address 4902 Catawba Dr			Amount
City	State	Zip Code	22.20
Greensboro	NC	27407	Transaction ID: 84297e53-d56f-442c-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 26 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	262885.93	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeffrey Hampton			08 26 2014
Mailing Address 1700 E Part Ave			Amount
City	State	Zip Code	35.50
Searcy	AR	72149	Transaction ID: e047ffae-c60d-4027-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		66961.10	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures		▶ 57.70
(1) OUDTOTAL (11): 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e.		
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 08 28 2014
-			

Schedule E)	DENT EXTENS	1101120		PAGE 70 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour repo	ort New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Jeffrey Hampton			M = M	ic Distribution/Dissemination
Mailing Address 1700 E Part Ave			08 Amount	26 2014
City	State	Zip Code		20.49
Searcy	AR	72149		ID: 1c60780a-1cf5-490d-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M _ M 08	26 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		66961.10	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Shantal C Culbreath Mailing Address 4691 Hercules Lane			Date of Publ 08 Amount	ic Distribution/Dissemination
City	State	Zip Code		80.00
Woodbridge	VA	22193	Transaction I Date of Disb	D: 33ae81d5-66f3-47d9-a ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	25 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		262885.93	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Exp	enditures		•	100.49
(b) SUBTOTAL of Unitemized Independent E	xpenditures		•	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electror	nically Filed] Date	08 28	2014
Signature				

Schedule E)		ENT EXILID	II OILEO		PAGE 71 OF 75 FOR SE OF FORM 24/48
	MITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Sp	beak Out PAC				C C00530766
Check if 24	-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	* M / D = D / Y = Y = Y
Full Name o	f Payee Lennox				of Public Distribution/Dissemination
	ress 2305 Cleary Ave			Amou	08 23 2014
City Metairie		State LA	Zip Code 70001		20.00 action ID : a148326e-feb3-46df-a
Purpose of Salary	Expenditure		Category/ Type 001		of Disbursement or Obligation M 08 23 2014
Name of Fe	deral Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L	Landrieu		X Oppose	Preside	
	ar Year-To-Date ction for Office Sought	.,,	98808.87	Disbursement 2014 Or	t For: Primary ⊠ General
Full Name of Lesley L					of Public Distribution/Dissemination
Mailing Add	ress 2305 Cleary Ave			Amou	
City		State	Zip Code		4.50
Metairie		LA	70001	Transa Date	ction ID: 934b702f-9310-40ea-8 of Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002	M	08 / 23 / Y Y Y Y Y
Name of Fe	deral Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L	Landrieu		X Oppose	Preside	ent X Senate State: LA
	ar Year-To-Date ection for Office Sought		98808.87	Disbursemen 2014 O	t For:
(a) SUBTOTA	AL of Itemized Independent Expend	litures			24.50
(b) SUBTOTA	AL of Unitemized Independent Expe	enditures		., 🗀	
(c) TOTAL In	ndependent Expenditures			•	7 7 7
with, or at the		didate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 08	28 / Y = Y = Y = Y = Y = Y
Signature					

Schedule E)	IN EXILIE	TIONES	-	PAGE 72 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Serena A Jones			M M /	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		70.00
Saltville	VA	24370		: 33ab495a-eb39-4c13-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-, -,	262885.93	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Serena A Jones			08 /	18 2014
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		31.50
Saltville	VA	24370		: f14d6cfc-8e54-4afb-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	262885.93	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendi	tures			101.50
(a) 300101112 or normalis masperiation 2porte.			7	101.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures)	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	lidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 28	2014
-				

Schedule E)		PAGE 73 OF 75 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	ort Amends report f	iled on DD / YTYTY
Full Name of Payee Serena A Jones		Date of Public Distribution/Dissemination
Mailing Address 7151 Mullins Drive		08 19 2014 Amount
City State	Zip Code	80.00
Saltville VA	24370	Transaction ID : b44e5516-5a0e-4aca-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Kay Hagan	Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Serena A Jones		08 19 2014
Mailing Address 7151 Mullins Drive		
		Amount
City State	Zip Code	32.70
Saltville VA	24370	Transaction ID : 674aecd0-a865-45f6-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / 19 / Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	office Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		112.70
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	ically Filed] Date	08 28 2014
Signature		

ooneddie E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
Serena A Jones	08 21 2014
Mailing Address 7151 Mullins Drive Amo	unt
City State Zip Code	70.00
Saltville VA 24370 Tran	saction ID : fec43e77-c346-4898-9 of Disbursement or Obligation
Purpose of Expanditure	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought Disburseme 262885.93 Disburseme 2014	
	Other (specify)
Full Name of Payee Serena A Jones Date	e of Public Distribution/Dissemination
Mailing Address 7151 Mullins Drive Amo	08 21 2014 punt
City State Zip Code	29.70
Saltville VA 24370 Trans	saction ID: a970ef75-f913-45c9-b e of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	08 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ght: House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	99.70
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	28 2014
Signature	

PAGE 74

OF

Schedule E)	INT EXI END	TIONES	PAGE 75 OF 75 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	,
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on]
Full Name of Payee			Date of Public Distribution/Dissemination	
Serena A Jones			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code	65.00	٦
Saltville	VA	24370	Transaction ID: 3876fb8b-2e16-4a4b-9 Date of Disbursement or Obligation	_
Purpose of Expenditure Salary		Category/ Type 001	08 / 22 / 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	-, -,	262885.93	Disbursement For: Primary General G	<u>a</u> l
Full Name of Payee			Date of Public Distribution/Dissemination	
Serena A Jones			08 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 7151 Mullins Drive			Amount	_
City	State	Zip Code	24.60	٦
Saltville	VA	24370	Transaction ID : 6cddd7d4-c3ff-4719-b Date of Disbursement or Obligation	_
Purpose of Expenditure Mileage		Category/ Type 002	08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	_
Ms. Kay Hagan		X Oppose	President Senate State: NC	_
Calendar Year-To-Date Per Election for Office Sought	, , ,	262885.93	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶	al —
(a) SUBTOTAL of Itemized Independent Expendit	IIros		89.60	7
(a) SOBTOTAL OF HOMIZED INDEPENDENT EXPONDING	ui03		05.00	_
(b) SUBTOTAL of Unitemized Independent Exper	ditures		· •]
(c) TOTAL Independent Expenditures			5112.73	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08	
- 3				